

# APPENDIX M

## TRI REPORTING FORMS - FORM R



(IMPORTANT: Type or print; read instructions before completing form)

Form Approved OMB Number: 2070-0093  
Approval Expires: 01/31/2010

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 <b>EPA</b> United States Environmental Protection Agency		<b>FORM R</b> Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also Known as Title III of the Superfund Amendments and Reauthorization Act		TRI Facility ID Number <hr/> Toxic Chemical, Category or Generic Name <hr/>	
WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P. O. Box 1513 Lanham, MD 20703-1513					
2. APPROPRIATE STATE OFFICE (See instructions in Appendix E)					
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank.		Revision (enter up to two code(s)) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-left: 20px;"></div>		Withdrawal (enter up to two code(s)) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-left: 20px;"></div>	
IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.					
<b>PART 1. FACILITY IDENTIFICATION INFORMATION</b>					
SECTION 1. REPORTING YEAR _____				Sample Form R For Reporting year 2007	
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)		<input type="checkbox"/> No (Do not answer 2.2; Go to Section 3)		2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)	
<b>SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)</b> I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.					
Name and official title of owner/operator or senior management official:			Signature:		Date Signed:
<b>SECTION 4. FACILITY IDENTIFICATION</b>					
4.1		TRI Facility ID Number			
Facility or Establishment Name		Facility or Establishment Name or Mailing Address (if different from street address)			
Street		Mailing Address			
City/Country/State/Zip Code		City/State/Zip Code		Country (Non-US)	
4.2 This report contains information for: (Important: Check a or b; check c or d if applicable) a. <input type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOCO					
4.3 Technical Contact Name		Telephone Number (include area code)			
Email Address					
4.4 Public Contact Name		Telephone Number (include area code)			
Email Address					
4.5 NAICS Code (s) (6 digits)		Primary a. b. c. d. e. f.			
4.6 Dun & Bradstreet Number (s) (9 digits)		a. b.			
<b>SECTION 5. PARENT COMPANY INFORMATION</b>					
5.1 Name of Parent Company		NA <input type="checkbox"/>			
5.2 Parent Company's Dun & Bradstreet Number		NA <input type="checkbox"/>			

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<b>FORM R</b> PART II. TOXIC CHEMICAL RELEASE		Sample Form R For Reporting year 2007		TRI Facility ID Number _____													
				Toxic Chemical, Category or Generic Name _____													
<b>SECTION 1. TOXIC CHEMICAL IDENTITY</b> (Important: DO NOT complete this section if you completed Section 2 below.)																	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)																
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)																
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)																
1.4	Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA	<input type="checkbox"/>																
<b>SECTION 2. MIXTURE COMPONENT IDENTITY</b> (Important: DO NOT complete this section if you completed Section 1 above.)																	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.)																
<b>SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY</b> (Important: Check all that apply.)																	
3.1	Manufacture the toxic chemical:		3.2	Process the toxic chemical:													
a. <input type="checkbox"/> Produce    b. <input type="checkbox"/> Import If produce or import c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		3.3    Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use													
<b>SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR</b>																	
4.1	<input type="text"/> (Enter two digit code from instruction package.)																
<b>SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE</b>																	
		A. Total Release (pounds/year*) (Enter a range code** or estimate)		B. Basis of Estimate (enter code)													
				C. % From Stormwater													
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>															
5.2	Stack or point air emissions	NA <input type="checkbox"/>															
5.3	Discharges to receiving streams or water bodies (enter one name per box)																
Stream or Water Body Name																	
5.3.1																	
5.3.2																	
5.3.3																	
If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box <input type="text"/> and indicate the Part II, Section 5.3 page number in this box. <input type="text"/> (example: 1,2,3, etc.)																	

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\*For Dioxin or Dioxin-like compounds, report in grams/year.

\*\* Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

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<b>FORM R</b> PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)				TRI Facility ID Number  Toxic Chemical, Category or Generic Name	
<b>SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON SITE (continued)</b>					
		NA	A. Total Release (pounds/year*) (enter range code ** or estimate)	B. Basis of Estimate (enter code)	
5.4.1	Underground Injection onsite to Class I Wells	<input type="checkbox"/>		Sample Form R For Reporting year 2007	
5.4.2	Underground Injection onsite to Class II-V Wells	<input type="checkbox"/>			
5.5	Disposal to land onsite	<input type="checkbox"/>			
5.5.1A	RCRA Subtitle C landfills	<input type="checkbox"/>			
5.5.1B	Other landfills	<input type="checkbox"/>			
5.5.2	Land treatment/application farming	<input type="checkbox"/>			
5.5.3A	RCRA Subtitle C surface impoundments	<input type="checkbox"/>			
5.5.3B	Other surface impoundments	<input type="checkbox"/>			
5.5.4	Other disposal	<input type="checkbox"/>			
<b>SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS</b>					
<b>6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)</b>					
<b>6.1.A Total Quantity Transferred to POTWs and Basis of Estimate</b>					
6.1.A.1 Total Transfers (pounds/year*) (enter range code ** or estimate)			6.1.A.2 Basis of Estimate (enter code)		
6.1.B		POTW Name			
POTW Address					
City		State		County	Zip
6.1.B		POTW Name			
POTW Address					
City		State		County	Zip
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box <input type="text"/> and indicate the Part II, Section 6.1 page number in this box <input type="text"/> (example: 1,2,3, etc.)					
<b>SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS</b>					
6.2		Off-Site EPA Identification Number (RCRA ID No.)			
Off-Site Location Name					
Off-Site Address					
City		State		County	Zip
					Country (Non-US)
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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\* For Dioxin or Dioxin-like compounds, report in grams/year  
 \*\* Range Codes: A=1-10 pounds; B=1-499 pounds; C=500 - 999 pounds.



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## TRI REPORTING FORMS - FORM R

TOXICS RELEASE INVENTORY

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<b>FORM R</b> <b>PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)</b>						TRI Facility ID Number _____	
						Toxic Chemical, Category or Generic Name _____	
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (CONTINUED)							
A. Total Transfers (pounds/year*) (enter range code**or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1.		1.		1. M			
2.		2.		2. M			
3.		3.		3. M			
4.		4.					
6.2 Off-Site EPA Identification Number (RCRA ID No.)				Sample Form R For Reporting year 2007			
Off-Site Location Name							
Off-Site Address							
City	State	Country	Zip	Country (Non-US)			
Is location under control of reporting facility or parent company? Yes <input type="checkbox"/> No <input type="checkbox"/>							
A. Total Transfers (pounds/year*) (enter range code**or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1.		1.		1. M			
2.		2.		2. M			
3.		3.		3. M			
4.		4.		4. M			
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY							
<input type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.							
a. General Waste Stream [enter code]	b. Waste Treatment Method(s) Sequence [enter 3- or 4- character code(s)]						d. Waste Treatment Efficiency [enter 2 character code]
7A.1a	7A.1b	1	2	7A.1d			
	3	4	5				
	6	7	8				
7A.2a	7A.2b	1	2	7A.2d			
	3	4	5				
	6	7	8				
7A.3a	7A.3b	1	2	7A.3d			
	3	4	5				
	6	7	8				
7A.4a	7A.4b	1	2	7A.4d			
	3	4	5				
	6	7	8				
7A.5a	7A.5b	1	2	7A.5d			
	3	4	5				
	6	7	8				
If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box <input type="text"/> and indicate the Part II, Section 6.2/7 page number in this box: <input type="text"/> (example: 1,2,3,etc.)							

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\*For Dioxin or Dioxin-like compounds, report in grams/year

\*\*Range Codes: A=1 - 10 pounds; B=11 - 499 pounds C= 500-999 pounds.

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<b>FORM R</b> <b>PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)</b>		TRI Facility ID Number		
<b>SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES</b>		Toxic Chemical, Category or Generic Name		
<input type="checkbox"/> Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.				
Energy Recovery Methods [enter 3-character code(s)] <div style="display: flex; justify-content: space-around;"> <span>1 <input style="width: 80px;" type="text"/></span> <span>2 <input style="width: 80px;" type="text"/></span> <span>3 <input style="width: 80px;" type="text"/></span> </div>				
<b>SECTION 7C. ON-SITE RECYCLING PROCESSES</b>				
<input type="checkbox"/> Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.				
Recycling Methods [enter 3-character code(s)] <div style="display: flex; justify-content: space-around;"> <span>1 <input style="width: 80px;" type="text"/></span> <span>2 <input style="width: 80px;" type="text"/></span> <span>3 <input style="width: 80px;" type="text"/></span> </div>				
<b>SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES</b>				
	Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1				
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills			
8.1b	Total other on-site disposal or other releases			
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills			
8.1d	Total other off-site disposal or other releases			
8.2	Quantity used for energy recovery onsite			
8.3	Quantity used for energy recovery offsite			
8.4	Quantity recycled onsite			
8.5	Quantity recycled offsite			
8.6	Quantity treated onsite			
8.7	Quantity treated offsite			
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)*			
8.9	Production ratio or activity index			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	a.	b.	c.	
8.10.2	a.	b.	c.	
8.10.3	a.	b.	c.	
8.10.4	a.	b.	c.	
8.11	If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, check "Yes."			Yes <input type="checkbox"/>

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\*For Dioxin or Dioxin-like compounds, report in grams/year.





TOXICS RELEASE INVENTORY

## APPENDIX N


## TRI REPORTING FORMS - FORM A

Form Approved OMB Number: 2070-0143

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(IMPORTANT: Type or print; read instructions before completing form)

 <b>EPA</b> United States Environmental Protection Agency		<b>TOXIC RELEASE INVENTORY FORM A</b>		TRI Facility ID Number	
<b>WHERE TO SEND COMPLETED FORMS:</b> 1. TRI Data Processing Center P. O. Box 1513 Lanham, MD 20703-1513 2. APPROPRIATE STATE OFFICE (See instruction in Appendix E)					
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank.		Revision (enter up to two code(s)) <div></div>		Withdrawal (enter up to two code(s)) <div></div>	
<b>IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.</b>					
<b>PART 1. FACILITY IDENTIFICATION</b>					
<b>SECTION 1. REPORTING YEAR</b> _____					
<b>SECTION 2. TRADE SECRET INFORMATION</b>					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input type="checkbox"/> No (Do not answer 2.2; Go to Section 3)		2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)			
<b>SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)</b>					
Pursuant to 40 CFR 372.27(a)(1), "I hereby certify that to the best of my knowledge and belief for the toxic chemical(s) listed in this statement, for this reporting year, the annual reportable amount for each chemical, as defined in 40 CFR 372.27(a)(1), did not exceed 5,000 pounds, which included no more than 2,000 pounds of total disposal or other releases to the environment, and that the chemical was manufactured, or processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year," and/or					
Pursuant to 40 CFR 372.27(a)(2), "I hereby certify that to the best of my knowledge and belief for the toxic chemical(s) of special concern listed in this statement, there were zero disposals or other releases to the environment (including disposals or other releases that resulted from catastrophic events) for this reporting year, the "Annual Reportable Amount of a Chemical of Special Concern" for each such chemical, as defined in 40 CFR 372.27(a)(2), did not exceed 500 pounds for this reporting year, and that the chemical was manufactured, or processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year."					
Name and official title of owner/operator or senior management official:				Signature: _____	
				Date Signed: _____	
<b>SECTION 4. FACILITY IDENTIFICATION</b>					
4.1		TRI Facility ID Number			
Facility or Establishment Name		Facility or Establishment Name or Mailing Address (If different from street address)			
Street		Mailing Address			
City/County/State/Zip Code		City/State/Zip Code		Country (Non-US)	
4.2 This report contains information for: (Important: Check c or d if applicable) c. <input type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOCO					
4.3		Technical Contact Name		Telephone Number (include area code)	
		Email Address			
4.4		Public Contact Name		Telephone Number (include area code)	
		Email Address			
4.5 NAICS Code (s) (6 digits)		Primary a. b. c. d. e. f.			
4.6 Dun & Bradstreet Number (s) (9 digits)		a. b.			
<b>SECTION 5. COMPANY INFORMATION</b>					
5.1 Name of Parent Company		NA <input type="checkbox"/>			
5.2 Parent Company's Dun & Bradstreet Number		NA <input type="checkbox"/>			

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Sample Form A Page 1  
For Reporting year 2007

# APPENDIX N

## TRI REPORTING FORMS – FORM A



(IMPORTANT: Type or print, read instructions before completing form)

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EPA FORM A		TRI Facility ID Number: <u>                    </u>
PART II. CHEMICAL IDENTIFICATION		
Do not use this form for reporting Dioxin and Dioxin-like Compounds*		
<b>SECTION 1. TOXIC CHEMICAL IDENTITY</b>		Report <u>    </u> of <u>    </u>
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)	
<b>SECTION 2. MIXTURE COMPONENT IDENTITY</b> (Important: DO NOT complete this section if you completed Section 1 above)		
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	
<b>SECTION 1. TOXIC CHEMICAL IDENTITY</b>		Report <u>    </u> of <u>    </u>
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)	
<b>SECTION 2. MIXTURE COMPONENT IDENTITY</b> (Important: DO NOT complete this section if you completed Section 1 above)		
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	
<b>SECTION 1. TOXIC CHEMICAL IDENTITY</b>		Report <u>    </u> of <u>    </u>
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)	
<b>SECTION 2. MIXTURE COMPONENT IDENTITY</b> (Important: DO NOT complete this section if you completed Section 1 above)		
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	
<b>SECTION 1. TOXIC CHEMICAL IDENTITY</b>		Report <u>    </u> of <u>    </u>
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)	
<b>SECTION 2. MIXTURE COMPONENT IDENTITY</b> (Important: DO NOT complete this section if you completed Section 1 above)		
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	

Sample Form A Page 2  
For Reporting year 2007

\*See the TRI Reporting Forms and Instructions Manual for the TRI-listed Dioxin and Dioxin-like Compounds

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(Make additional copies of this page, if needed)

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